

SUMMER Payment Plan Agreement 2023

Payment Due 7/20/23

Session H (CHOOSE ONE)	Time	Code	R/NR Fee	# of children		
Banting Explorers 7/31-8/4	7:30 am - 5:30 pm	3500.208	\$155/\$175	X		=
Lowell Explorers 7/31-8/4		3500.218		X		=
EB Shurts Explorers 7/31-8/4		3500.228		X		=

Session I (CHOOSE ONE)

Banting Explorers 8/7-8/11	7:30 am - 5:30 pm	3500.209	\$155/\$175	X		=
Lowell Explorers 8/7-8/11		3500.219		X		=
EB Shurts Explorers 8/7-8/11		3500.229		X		=

Session J (CHOOSE ONE)

Banting Explorers 8/14-8/18	7:30 am - 5:30 pm	3500.210	\$155/\$175	X		=
Lowell Explorers 8/14-8/18		3500.220		X		=
EB Shurts Explorers 8/14-8/18		3500.230		X		=

Session K

EB Shurts 8/21-8/25	7:30 am - 5:30 pm	3500.231	\$155/\$175	X		=
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TOTAL Due 7/20:

Payment Information: In order to remain PCI compliant, we are not permitted to accept written credit card information on any documents. To set up your electronically stored payment account, you will need to provide us your credit card information through your online account, by phone, or in person. We accept Visa, MasterCard, Discover, and American Express.

Authorization to participate and for Emergency Medical Treatment: I, as participant or parent/legal guardian of the above-named child(ren), hereby give permission for his/her/my participation in the activity(ies) selected. I further advise without my prior approval, the rendering of any emergency medical treatment that may be necessary due to his/her/my participation in the activity(ies).

Parent/Guardian Signature: _____

Date: _____